

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Methylphenidate Hydrochloride** (Rubifen; Rubifen SR; Ritalin; Ritalin SR; Methylphenidate ER - Teva)

**Initial application — ADHD in patients 5 or over**

Applications only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months.

**Prerequisites**(tick boxes where appropriate)

- ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over
- and  Diagnosed according to DSM-IV or ICD 10 criteria
- and  Applicant is a paediatrician or psychiatrist
- or  Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing

**Initial application — ADHD in patients under 5**

Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

**Prerequisites**(tick boxes where appropriate)

- ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age
- and  Diagnosed according to DSM-IV or ICD 10 criteria

**Initial application — Narcolepsy\***

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

**Prerequisites**(tick box where appropriate)

- The patient suffers from narcolepsy

Note: \*narcolepsy is not a registered indication for Methylphenidate ER – Teva.

**Renewal — ADHD in patients 5 or over**

Current approval Number (if known):.....

Applications only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months.

**Prerequisites**(tick boxes where appropriate)

- The treatment remains appropriate and the patient is benefiting from treatment
- and  Applicant is a paediatrician or psychiatrist
- or  Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)

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**Methylphenidate Hydrochloride** (Rubifen; Rubifen SR; Ritalin; Ritalin SR; Methylphenidate ER - Teva) - *continued*

**Renewal — ADHD in patients under 5**

Current approval Number (if known):.....

Applications only from a paediatrician or psychiatrist. Approvals valid for 12 months.

**Prerequisites**(tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

**Renewal — Narcolepsy\***

Current approval Number (if known):.....

Applications only from a neurologist or respiratory specialist. Approvals valid for 24 months.

**Prerequisites**(tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

Note: \*narcolepsy is not a registered indication for Methylphenidate ER – Teva.

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